Drexel University College of Medicine

Self-Certification of Surrogate Decision Makers for
Potential Subject’s Participation in a Research Study

Section 1:
I am willing to serve as a surrogate decision maker for
__________________________
(Name of the Potential Subject)
to participate in a research study
__________________________
(Title of research project and University Project Number or WIRB number)
conducted by
__________________________
(Principal Investigator)

Section 2:
The following individuals may be considered capable of providing surrogate consent, in the following
descending order of priority. Please Circle the category that best describes your relationship to the potential
subject

Highest
1. A health care proxy appointed by the subject in a power of attorney;
2. A court-appointed guardian authorized to consent to the subject’s participation in the
research study by a valid court order;
3. Spouse or domestic partner;
4. Adult child;
5. Adult grandchild;
6. Natural or adoptive parent;
7. Grandparent;
Lowest
8. Adult brother or sister.

Are there any individuals who are in a higher level of priority than you? YES NO
Are there any other individuals who are within the same level of priority as you? YES NO
If there are other individuals at the same level of priority as you, do you believe
that you may give surrogate consent on behalf of all the other individuals within
your level of priority? YES NO

Section 3:
Potential Surrogate’s Contact Information:
Name: ____________________________ Home Phone Number: ____________________________
Address: __________________________________________________________________________
Work Phone: ____________________________ Cell Phone Number ____________________________
E-mail: ______________________________

Section 4:
I certify that the investigators have explained to me the role and responsibilities of a surrogate decision
maker. I understand I will also be asked to read and sign a consent form explaining the research study.

__________________________  ____/____/____
Signature of Potential Surrogate    Date

Surrogate Consent Self-certification Form 1-31-05